

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

**NOTE:** Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

**NOTE:** Each inventor must be identified by full name, including the family name, and at least one given name without abbreviation together with any other given name or initial, and by his/her residence, post office address and country of citizenship. 37 CFR § 1.63(a)(3).

**NOTE:** Inventors may execute separate declarations/oaths provided each declaration/oath sets forth all the inventors. Section 1.63(a)(3) requires that a declaration/oath, inter alia, identify each inventor and prohibits the execution of separate declarations/oaths which each sets forth only the name of the executing inventor. 62 Fed. Reg. 53,131, 53,142, October 10, 1997.

**Full name of sole or first inventor**

Stefan

(GIVEN NAME)

deceased -

(MIDDLE INITIAL OR NAME)

CARLSSON

FAMILY (OR LAST NAME)

**Inventor's signature** see added page signed by legal representative

**Date** \_\_\_\_\_ **Country of Citizenship** Sweden

**Residence** Bankeryd, Sweden

**Post Office Address** Sipakravagen 69, SE-564 31  
Bankeryd, Sweden

**Full name of second joint inventor, if any**

Jacek

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

CHALAS

FAMILY (OR LAST NAME)

**Inventor's signature** Non-signing Inventor - see added page signed by legal representative of

**Date** Stefan CARLSSON **Country of Citizenship** Sweden

**Residence** Malmo, Sweden

**Post Office Address** Soderasgatan 141, SE-216 17 Malmo, Sweden

**Full name of third joint inventor, if any**

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

**Inventor's signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_

**Residence** \_\_\_\_\_

**Post Office Address** \_\_\_\_\_

Practitioner's Docket No. CU-2571

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)  
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR  
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

Irène Elvingsson-Carlsson

I, Irène Elvingsson-Carlsson  
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)  
Sweden  
hereby declare that I am a citizen of Sweden  
residing at Sjoakravagen 69, SE-564 31 Bankeryd, Sweden

and that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of  
☐ executor(trix) of the last will and testament of  
☒ legal representative (or heirs) of

Stefan Carlsson (deceased)

Full name of (first, second etc.) deceased or incapacitated inventor

Sweden

Country of citizenship of deceased or incapacitated inventor

Bankeryd, Sweden

Residence of deceased or incapacitated inventor

Sjoakravagen 69, SE-564 31 Bankeryd, Sweden

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: \_\_\_\_\_

Irène Elvingsson-Carlsson  
Signature of administrator(trix), executor(trix)  
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])